103D CONGRESS
1ST SESSION

S. 1473

To encourage an appropriate mixture of different specialties of physicians and other health care providers to meet national needs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 20 (legislative day, SEPTEMBER 7), 1993

Mr. BAUCUS introduced the following bill; which was read twice and referred to the Committee on Finance

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A BILL

To encourage an appropriate mixture of different specialties of physicians and other health care providers to meet national needs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Primary Health Care Support Act of 1993''.

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—The Congress finds that:

(1) Primary care physicians, including family physicians, general internists, and general pediatri-

cians, provide health care services that are essential to the well-being of all Americans.

(2) There is a shortage of primary care physicians in many areas of the United States.

(3) A large majority of recent graduates of medical schools located in the United States are entering non-primary care specialty practices.

(4) There is an oversupply of non-primary care specialists in the practice of medicine in the United States.

(5) An appropriate mix of physicians in the United States is approximately one-half primary care physicians and one-half physicians in other specialties.

(6) The oversupply of non-primary care specialists has helped to drive up health care costs through high fees and high utilization of diagnostic tests and procedures.

(7) The shortage of primary care physicians has affected medical service quality because these physicians furnish excellent continuity of care, are expert in diagnosing medical problems, and can effectively deal with the interaction of comorbid conditions.

(8) The shortage of primary care physicians has amplified the problems of access to medical care in

areas with health care professional shortages, especially inner city and rural areas.

(b) PURPOSES.—The purposes of this Act are to—

(1) increase the relative income of primary care physicians as compared to physicians in other specialties;

(2) reform the system for payment of direct graduate medical education costs to operators of graduate medical education programs under the medicare program;

(3) establish the National Physician Work Force Commission to study and recommend national physician work force goals;

(4) establish a program to designate physician residency programs and the number of positions in those programs based on national needs; and

(5) increase the number of primary care physicians trained and employed with the help of government programs.

SEC. 3. RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS.

(a) RESOURCE-BASED PRACTICE EXPENSES.—Not later than October 1, 1996, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall develop resource-based expenses for the de-

termination of average practice expense relative value units to be utilized in determining payment for each physician service under part B of title XVIII of the Social Security Act.

(b) IMPLEMENTATION.—

(1) COMPUTATION OF PRACTICE EXPENSE RELATIVE VALUE UNITS.—Section 1848(c)(2)(C)(ii) of the Social Security Act (42 U.S.C. 1395w–4(c)(2)(C)(ii)) is amended to read as follows:

''(ii) PRACTICE EXPENSE RELATIVE VALUE UNITS.—The Secretary shall determine a number of practice expense relative value units equal to the product of—

''(I) the resource-based expenses (as defined in subparagraph (E)) for the service, and

''(II) the practice expense percentage for the service (as determined under paragraph (3)(C)(ii)).''.

(2) RESOURCE-BASED EXPENSES.—Subparagraph (E) of section 1848(c)(2) of the Social Security Act (42 U.S.C. 1395w–4(c)(2)), as added by section 13513 of the Omnibus Budget Reconciliation Act of 1993, is amended to read as follows:

''(E) RESOURCE-BASED EXPENSES DEFINED.—In this paragraph, the term 'resource-based expenses' means, with respect to a physician's service, the direct and indirect costs of the resources needed to furnish the service, as estimated by the Secretary using the most recent data available. The resources shall be estimated using accounting methods to measure direct and indirect costs. The Secretary may use extrapolation and other techniques to determine resource-based expenses for services for which adequate data is not available.''.

(c) BUDGET NEUTRALITY.—The Secretary shall provide that in carrying out the amendments made by subsection (b) that payments under section 1848 of the Social Security Act are equal to what such payments would have been if such amendments had not been enacted.

(d) EFFECTIVE DATE.—The amendments made by subsection (b) shall apply to services furnished on or after January 1, 1997.

SEC. 4. PAYMENTS FOR DIRECT GRADUATE MEDICAL EDUCATION COSTS.

(a) IN GENERAL.—

(1) DETERMINING PER RESIDENT STANDARD AMOUNT.—Section 1886(h) of the Social Security

Act (42 U.S.C. 1395ww(h)), as amended by section 13563 of the Omnibus Budget Reconciliation Act of 1993, is amended by redesignating paragraphs (3), (4), (5), and (6) as paragraphs (4), (5), (6), and (7), respectively and by inserting after paragraph (2) the following new paragraph:

''(3) DETERMINATION OF PER RESIDENT STANDARD AMOUNT.—The Secretary shall determine a national per resident standard amount for each fiscal year beginning on or after October 1, 1994, as follows:

''(A) BASE AMOUNT.—The Secretary shall determine the weighted national mean of all FTE resident amounts calculated under paragraph (2) and updated in accordance with paragraph (2)(D) to the midpoint of fiscal year 1994 for the most recent cost reporting periods for which data are available.

''(B) INFLATION ADJUSTMENT TO BASE AMOUNT.—

''(i) FISCAL YEAR 1995.—For fiscal year 1995, the per resident standard amount is the amount determined under subparagraph (A) updated in accordance

with paragraph (2)(D) through the midpoint of fiscal year 1995.

''(ii) SUBSEQUENT FISCAL YEARS.—For fiscal year 1996 and any subsequent fiscal year, the per resident standard amount is equal to the amount determined under this paragraph for the previous fiscal year updated, through the midpoint of the fiscal year, by projecting the estimated percentage change in the Consumer Price Index during the 12-month period ending at that midpoint, with appropriate adjustments to reflect previous underestimations or overestimations under this subparagraph in the projected percentage change in the Consumer Price Index.

''(C) SPECIAL RULE.—In the case of a hospital that received payment under this subsection prior to October 1, 1994, the per resident standard amount for such hospital for fiscal year 1995 shall be equal to the sum of—

''(i) 50 percent of the hospital specific approved FTE resident amount determined under paragraph (2) for such hospital; and

''(ii) 50 percent of the per resident standard amount determined under subparagraph (B)(i).''.

(2) PAYMENT AMOUNT PER RESIDENT.—Paragraph (4) of section 1886(h) of such Act (42 U.S.C. 1395ww(h)), as redesignated by paragraph (1), is amended to read as follows:

''(4) GME OPERATOR PAYMENT AMOUNT PER RESIDENT.—

''(A) IN GENERAL.—The payment amount, for a GME operator cost reporting period beginning on or after October 1, 1994, is equal to the product of—

''(i) the aggregate approved amount (as defined in subparagraph (B)) for that period, and

''(ii) the GME operator's medicare patient load (as determined by the Secretary) for that period.

''(B) AGGREGATE APPROVED AMOUNT.—As used in subparagraph (A), the term 'aggregate approved amount' means, for a GME operator cost reporting period, the product of—

''(i) the per resident standard amount determined under paragraph (3) for that period, and

''(ii) the weighted average number of full-time-equivalent residents (as determined under paragraph (5)) in the GME operator's approved medical residency training programs in that period.''.

(3) WEIGHTING FACTORS.—Subparagraph (C) of paragraph (5) of section 1886(h) of such Act (42 U.S.C. 1395ww(h)), as redesignated by paragraph (1), is amended to read as follows:

''(C) WEIGHTING FACTORS FOR CERTAIN RESIDENTS.—Subject to subparagraph (D), such rules shall provide, in calculating the number of full-time-equivalent residents in an approved medical residency training program—

''(i) for a resident who is in the resident's initial residency period, the weighting factor is 0.80 (1.20, in the case of a resident who is a primary care resident), and

''(ii) for a resident who is not in the resident's initial residency period, the weighting factor is 0.50.''.

(4) DEFINITIONS.—Paragraph (6) of section 1886(h) of such Act (42 U.S.C. 1395ww(h)), as redesignated by paragraph (1), is amended by adding at the end the following new subparagraph:

''(K) GME OPERATOR.—The term 'GME operator' means a hospital, rural health clinic, health maintenance organization, medical school, group practice, physician's office, area health education center, community health center, or consortium of institutional providers or health professionals that has an approved medical residency training program.''.

(5) CONFORMING AMENDMENTS.—Section 1886(h) of such Act (42 U.S.C. 1395ww(h)) is amended—

(A) in paragraph (1)—

(i) by striking ''hospitals'' each place it appears and inserting ''GME operators''; and

(ii) by striking ''paragraph (3)'' and inserting ''paragraph (4)'';

(B) in paragraph (2), in the matter preceding subparagraph (A), by inserting ''and ending on or before September 30, 1995,'' after ''1985,''; and

(C) in paragraph (5), as redesignated by subsection (a)—

(i) by adding at the end of subparagraph (A) the following new sentence: ''Such rules shall provide that only time spent in activities relating to patient care shall be counted and that all the time so spent by a resident under an approved medical residency training program sponsored by a GME operator shall be counted toward the determination of full-time-equivalency, without regard to the setting in which the activities are performed.'';

(ii) in subparagraph (B), by striking ''hospital'' each place it appears and inserting ''GME operator''; and

(iii) by striking subparagraph (E).

(b) BUDGET NEUTRALITY.—Through fiscal year 1998, the Secretary of Health and Human Services shall provide that in carrying out the amendments made by subsection (a), payments under section 1886(h) of the Social Security Act shall be equal to what such payments would have been if such amendments had not been enacted.

(c) CONFORMING AMENDMENT.—Section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u)) is amended

by striking ''hospice program,'' and inserting ''hospice program, GME operator (as defined in section 1886(h)(6)(K)),''.

(d) EFFECTIVE DATE.—The amendments made by this section shall be effective for cost reporting periods beginning on or after October 1, 1994.

SEC. 5. NATIONAL PHYSICIAN WORK FORCE COMMISSION.

(a) ESTABLISHMENT OF COMMISSION.—

(1) ESTABLISHMENT.—There is established a commission to be known as the National Physician Work Force Commission (referred to in this section as the ''Commission'') which shall be composed of the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') and 10 other members to be appointed by the Director of the Congressional Office of Technology Assessment (referred to in this section as the ''Director''), on or before the date that is 60 days after the date of the enactment of this Act.

(2) MEMBERSHIP.—The members of the Commission appointed under paragraph (1) shall include individuals with national recognition for expertise in health service delivery, research, health economics, physician medical education, and physician work force issues. The professions of members of the

Commission shall include physicians, mid-level health professionals, employers, third party payers, and health research experts. In appointing individuals, the Director shall assure representation of various professions, different geographic regions, and urban and rural regions.

(3) TERMS.—The members of the Commission appointed under paragraph (1) shall be appointed to serve for terms of 3 years, except that the terms of the members first appointed may be staggered so that the terms of no more than 4 members expire in any 1 year. Any individual appointed to fill a vacancy created in the Commission shall be appointed for the remainder of the term of such individual's predecessor.

(4) CHAIRMAN AND VICE CHAIRMAN.—The Director shall select the Chairman and Vice Chairman of the Commission.

(5) MEETINGS.—

(A) IN GENERAL.—The Commission shall meet at the call of the Chairman.

(B) INITIAL MEETING.—No later than 30 days after the date on which all members of the Commission have been appointed, the Commission shall hold its first meeting.

(C) QUORUM.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

(b) POWERS OF THE COMMISSION.—

(1) HEARINGS.—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out the purposes of this section.

(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal department or agency such information as the Commission considers necessary to carry out the provisions of this Act. Upon request of the Chairman of the Commission, the head of such department or agency shall furnish such information to the Commission.

(3) POSTAL SERVICES.—The Commission may use the United States mails in the same manner and under the same conditions as other departments and agencies of the Federal Government.

(4) GIFTS.—The Commission may accept, use, and dispose of gifts or donations of services or property.

(c) COMMISSION PERSONNEL MATTERS.—

(1) COMPENSATION OF MEMBERS.—Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission. All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(2) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(3) STAFF.—

(A) IN GENERAL.—The Chairman of the Commission may, without regard to the civil service laws and regulations, appoint and termi-

nate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(B) COMPENSATION.—The Chairman of the Commission may fix the compensation of the executive director and other personnel without regard to the provisions of chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(4) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairman of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States

Code, at rates for individuals which do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(d) STUDIES AND REPORTS.—

(1) GENERAL STUDIES AND RECOMMENDATIONS.—

(A) IN GENERAL.—The Commission shall conduct a thorough study of all matters relating to physician work force goals and issues.

(B) MATTERS STUDIED.—The matters studied by the Commission shall include—

(i) national physician supply, composition, and trends;

(ii) national physician work force goals;

(iii) policies to attain national physician work force goals;

(iv) the desirable number of medical residents by specialty;

(v) the designation of appropriate operators of graduate medical education programs in each specialty;

(vi) the designation of the appropriate number of positions allocated to the grad-

uate medical education programs at each program operator and its affiliated institutions;

(vii) the match of residents and graduate medical education positions;

(viii) means of implementing policies related to physician work force issues; and

(ix) the effects of the physician work force composition, supply and trends of the health care system in the United States, including issues of access to care, quality of care, and cost of health care.

(C) RECOMMENDATIONS.—The Commission shall develop recommendations on each of the matters studied under subparagraph (B).

(D) ANNUAL REPORT.—Not later than October 1, 1994, and annually thereafter, the Commission shall deliver a report to Congress and the Secretary which shall contain the findings and conclusions of the Commission, together with its recommendations on each of the matters studied under subparagraph (B).

(2) MEDICAL EDUCATION STUDY.—

(A) IN GENERAL.—The Commission shall evaluate the undergraduate medical education

programs operated by medical schools and graduate medical education programs located in the United States, including an evaluation of whether such programs are properly designed to train generalist physicians prepared to practice and whether such programs are adequately training physicians to treat the nonacute care needs of patients.

(B) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Commission shall deliver a report to Congress and the Secretary which shall contain the evaluation required by subparagraph (A).

(3) DIRECT MEDICAL EDUCATION FUNDING.—

(A) IN GENERAL.—The Commission shall perform a study of the sources of available funds for graduate medical education other than funding available under title XVIII of the Social Security Act, and whether it is desirable for all medical service payers to contribute to funding for graduate medical education. The Commission shall determine the amount of funds that would be needed in a system in which all medical service payers, other than the medicare program under title XVIII of the So-

cial Security Act, paid a portion of the funds necessary for graduate medical education, the assessments to be imposed on such payers in order to obtain the necessary funds, policies necessary to implement such a program, and the probable effects of such a program.

(B) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Commission shall deliver a report to Congress and the Secretary which shall contain the evaluation required by subparagraph (A).

(e) IMPLEMENTING BILL ON NUMBER OF RESIDENCY POSITIONS AND ALLOCATION OF RESIDENCY POSITIONS.—

(1) IN GENERAL.—

(A) IMPLEMENTING BILL.—Not later than 15 months after the date of the enactment of this Act, the Commission shall submit to Congress an implementing bill with respect to the legislative proposal developed under paragraph (2) which contains such provisions necessary or appropriate to implement such proposal either repealing or amending existing laws or providing new statutory authority.

(B) CONSIDERATION OF IMPLEMENTING BILL.—The implementing bill described in subparagraph (A) shall be considered by Congress under the procedures for consideration described in paragraph (3).

(2) LEGISLATIVE PROPOSAL.—

(A) IN GENERAL.—The Commission shall develop a legislative proposal that—

(i) specifies, by specialty and subspecialty, the total number of first-year residency positions for which payment will be available under section 1886(h) of the Social Security Act for each year of the initial 4-year period and allocates to GME operators such first-year residency positions;

(ii) for each 4-year period subsequent to the initial 4-year period, directs the Secretary to determine, by specialty and subspecialty, the appropriate number of first-year residency positions for which payment will be available under section 1886(h) of such Act and allocate to GME operators such first-year residency positions taking into consideration the recommendations of

the Commission contained in the report submitted to the Secretary under subsection (d)(1)(D);

(iii) requires the Secretary to deny payment under subsections (d)(5)(B) and (h) of section 1886 of the Social Security Act to a GME operator or any of its affiliated institutions which provide for any residency position in addition to the residency positions allocated to such GME operator;

(iv) provides that the Secretary shall have the authority to increase or decrease the number of residency training positions allotted in a specialty or subspecialty area to a GME operator during any 4-year period by up to 10 percent of the original allotment if the aggregate number of all residency positions allotted to GME operators is not altered; and

(v) provides that a resident who is enrolled in an approved medical residency training program prior to the date on which the initial 4-year period begins shall not be restricted from completing such pro-

gram due to the enactment of any implementing bill described in paragraph (1) if such resident does not change specialties or start a subspecialty program after such date.

(B) GUIDELINES FOR LEGISLATIVE PROPOSAL.—

(i) NUMBER OF RESIDENTS.—In developing the legislative proposal under this paragraph, the Commission shall—

(I) work toward achieving the ideal distribution of the Nation's physicians by specialty and subspecialty through the allocation of residency positions;

(II) work toward a goal of developing a physician workforce made up of one-half generalists and primary-care physicians and one-half other specialists and subspecialists; and

(III) propose a total number of first-year residency positions for the fourth year of the initial 4-year period equal to 110 percent of the total number of graduates of United States

medical schools for the calendar year immediately preceding the calendar year in which the legislative proposal is submitted to Congress.

(ii) ALLOCATION OF RESIDENTS.—In developing the legislative proposal under this paragraph, the Commission shall allot first-year residency positions to individual GME operators based on the following selection factors:

(I) The academic quality of the approved medical training program, including evidence of whether the program provides an appropriate amount of ambulatory and subacute training for the residents in the specialty or subspecialty area under consideration.

(II) The equitable distribution of the programs in different regions of the United States and in rural and urban areas.

(III) The structure of the GME operator, including whether the GME operator is a consortium made up of

medical schools, hospitals, and ambulatory care sites.

(IV) Medical services delivered by the GME operator to medically underserved areas in the specialty under consideration.

(V) The resources devoted by the GME operator to the program and the equity of the GME operator's financing arrangements with its affiliated institutions.

(VI) Any other factors that the Commission may determine appropriate.

(C) INITIAL 4-YEAR PERIOD.—The term ''initial 4-year period'' means the 4-year period beginning on July 1 of the calendar year following the calendar year in which the implementing bill described in paragraph (1) is submitted.

(3) CONGRESSIONAL CONSIDERATION.—

(A) RULES OF HOUSE OF REPRESENTATIVES AND SENATE.—This paragraph is enacted by Congress—

(i) as an exercise of the rulemaking power of the House of Representatives and

the Senate, respectively, and as such is deemed a part of the rules of each House, respectively, but applicable only with respect to the procedure to be followed in that House in the case of an implementing bill described in paragraph (1)(A), and supersedes other rules only to the extent that such rules are inconsistent therewith; and

(ii) with full recognition of the constitutional right of either House to change the rules (so far as relating to the procedure of that House) at any time, in the same manner and to the same extent as in the case of any other rule of that House.

(B) INTRODUCTION AND REFERRAL.—On the day on which the implementing bill described in paragraph (1)(A) is transmitted to the House of Representatives and the Senate, such bill shall be introduced (by request) in the House of Representatives by the Majority Leader of the House, for himself and the Minority Leader of the House, or by Members of the House designated by the Majority Leader and Minority Leader of the House and shall be introduced (by request) in the Senate by the Ma-

jority Leader of the Senate, for himself and the Minority Leader of the Senate, or by Members of the Senate designated by the Majority Leader and Minority Leader of the Senate. If either House is not in session on the day on which the implementing bill is transmitted, the bill shall be introduced in the House, as provided in the preceding sentence, on the first day thereafter on which the House is in session. The implementing bill introduced in the House of Representatives and the Senate shall be referred to the appropriate committees of each House.

(C) AMENDMENTS PROHIBITED.—No amendment to an implementing bill shall be in order in either the House of Representatives or the Senate and no motion to suspend the application of this paragraph shall be in order in either House, nor shall it be in order in either House for the Presiding Officer to entertain a request to suspend the application of this paragraph by unanimous consent.

(D) PERIOD FOR COMMITTEE AND FLOOR CONSIDERATION.—

(i) IN GENERAL.—Except as provided in clause (ii), if the committee or commit-

tees of either House to which an implementing bill has been referred have not reported it at the close of the 45th day after its introduction, such committee or committees shall be automatically discharged from further consideration of the implementing bill and it shall be placed on the appropriate calendar. A vote on final passage of the implementing bill shall be taken in each House on or before the close of the 45th day after the implementing bill is reported by the committees or committee of that House to which it was referred, or after such committee or committees have been discharged from further consideration of the implementing bill. If prior to the passage by 1 House of an implementing bill of that House, that House receives the same implementing bill from the other House then—

(I) the procedure in that House shall be the same as if no implementing bill had been received from the other House; but

(II) the vote on final passage shall be on the implementing bill of the other House.

(ii) COMPUTATION OF DAYS.—For purposes of clause (i), in computing a number of days in either House, there shall be excluded—

(I) the days on which either House is not in session because of an adjournment of more than 3 days to a day certain, or an adjournment of the Congress sine die, and

(II) any Saturday and Sunday not excluded under subclause (I) when either House is not in session.

(E) FLOOR CONSIDERATION IN THE HOUSE OF REPRESENTATIVES.—

(i) MOTION TO PROCEED.—A motion in the House of Representatives to proceed to the consideration of an implementing bill shall be highly privileged and not debatable. An amendment to the motion shall not be in order, nor shall it be in order to move to reconsider the vote by which the motion is agreed to or disagreed to.

(ii) DEBATE.—Debate in the House of Representatives on an implementing bill shall be limited to not more than 20 hours, which shall be divided equally between those favoring and those opposing the bill. A motion further to limit debate shall not be debatable. It shall not be in order to move to recommit an implementing bill or to move to reconsider the vote by which an implementing bill is agreed to or disagreed to.

(iii) MOTION TO POSTPONE.—Motions to postpone, made in the House of Representatives with respect to the consideration of an implementing bill, and motions to proceed to the consideration of other business, shall be decided without debate.

(iv) APPEALS.—All appeals from the decisions of the Chair relating to the application of the Rules of the House of Representatives to the procedure relating to an implementing bill shall be decided without debate.

(v) GENERAL RULES APPLY.—Except to the extent specifically provided in the

preceding provisions of this subparagraph, consideration of an implementing bill shall be governed by the Rules of the House of Representatives applicable to other bills and resolutions in similar circumstances.

(F) FLOOR CONSIDERATION IN THE SENATE.—

(i) MOTION TO PROCEED.—A motion in the Senate to proceed to the consideration of an implementing bill shall be privileged and not debatable. An amendment to the motion shall not be in order, nor shall it be in order to move to reconsider the vote by which the motion is agreed to or disagreed to.

(ii) GENERAL DEBATE.—Debate in the Senate on an implementing bill, and all debatable motions and appeals in connection therewith, shall be limited to not more than 20 hours. The time shall be equally divided between, and controlled by, the Majority Leader and the Minority Leader or their designees.

(iii) DEBATE OF MOTIONS AND APPEALS.—Debate in the Senate on any de-

batable motion or appeal in connection with an implementing bill shall be limited to not more than 1 hour, to be equally divided between, and controlled by, the mover and the manager of the implementing bill, except that in the event the manager of the implementing bill is in favor of any such motion or appeal, the time in opposition thereto, shall be controlled by the Minority Leader or his designee. Such leaders, or either of them, may, from time under their control on the passage of an implementing bill, allot additional time to any Senator during the consideration of any debatable motion or appeal.

(iv) OTHER MOTIONS.—A motion in the Senate to further limit debate is not debatable. A motion to recommit an implementing bill is not in order.

(4) RESUBMISSIONS.—If an implementing bill of the Commission is not approved by Congress or is vetoed by the President (and such veto is not overridden by the Congress), the Commission shall resubmit a new implementing bill not later than 90 days after Congress failed to approve such bill or

failed to override the President's veto, and such new implementing bill shall be subject to congressional consideration as provided in paragraph (3).

(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out the purposes of this section.

SEC. 6. COUNCIL ON GRADUATE MEDICAL EDUCATION.

(a) COUNCIL ABOLISHED.—Section 301 of the Health Professions Education Extension Amendments of 1992 is repealed.

(b) EFFECTIVE DATE.—Subsection (a) shall become effective upon the appointment of the initial 11 members of the National Physician Work Force Commission under section 5(a).

SEC. 7. STUDY OF EFFECT OF RESEARCH GRANTS ON PRIMARY CARE MEDICAL TRAINING.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall conduct research on the effect of United States Government research grants and contracts (including research grants and contracts from the National Institutes of Health, the Agency for Health Care Policy Research, and other organizations administered by the Secretary). The Secretary shall evaluate whether there are policy changes that should be made in order to alter the

medical school environment to encourage medical students to seek careers in generalist primary care medicine.

(b) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall deliver a report to Congress containing the results of the research and evaluation required by subsection (a).

SEC. 8. PAYMENTS FOR SERVICES FURNISHED IN HEALTH PROFESSIONAL SHORTAGE AREAS.

Section 1833(m) of the Social Security Act (42 U.S.C. 1395l(m)) is amended to read as follows:

''(m)(1) If a physician furnishes a qualified physicians' service in an area that is designated as a health professional shortage area under section 332(a)(1)(A) of the Public Health Service Act, in addition to the payment amount for such service determined without regard to this subsection, the physician shall be paid an amount equal to 20 percent of such payment amount.

''(2) If an area that is designated as a health professional shortage area under such section ceases to be so designated, any physician who furnished qualified physicians's services in such area and received payments under paragraph (1) shall continue to be eligible to receive payments under such paragraph for qualified physicians' services furnished in such area during the 10-consecutive-

year period beginning on the date the area ceases to be designated as a health professional shortage area.

''(3) Any amount paid under paragraph (1) shall be paid on a monthly or quarterly basis from the Federal Supplementary Medical Insurance Trust Fund to the physician furnishing the service (or to an employer or facility in cases described in section 1842(b)(6)(A)).

''(4) For purposes of determining the payment amount for a qualified physicians' service under paragraph (1), if the index established under paragraph (1)(A)(i) or (1)(B) of section 1848(e) for the area in which such service is furnished is less than 1, the geographic cost-of-practice index value under paragraph (3)(B) of such section 1848(e) for such area shall be 1.

''(5) For purposes of this subsection, the term 'qualified physician's service' means any physicians' service provided to an individual who is covered under the insurance program under this part, except that, in the case of an urban area, such term shall only include primary care services.''.

SEC. 9. PAYMENT FOR INDIRECT COSTS OF MEDICAL EDUCATION.

Section 1886(d)(5)(B)(ii) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)(ii)) is amended to read as follows:

''(ii) For purposes of clause (i)(II), the indirect teaching adjustment factor is equal to c × (((1 + r) to the nth power) –1), where 'r' is the ratio of the hospital's full-time equivalent interns and residents to beds and 'n' equals .405. For discharges occurring on or after—

''(I) May 1, 1986, and before January 1, 1994, 'c' is equal to 1.89,

''(II) January 1, 1994, and before January 1, 1996, 'c' is equal to 1.728, and

''(III) January 1, 1996, 'c' is equal to 1.605.''.

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S 1473 IS——2

S 1473 IS——3